

## ATHLETIC FACILITY REQUEST FORM

Organization Name: \_\_\_\_\_ Web Address: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### FACILITY REQUESTED

McBean Park (open space)	12 Bridges Park (baseball diamond)
McBean Park Basketball Courts	12 Bridges Park (t-ball fields)
McBean Park (farm & t-ball fields)	12 Bridges Park (soccer field)
McBean Park Stadium	Wilson Park (softball fields)
Lincoln Little League field at McBean Park	Foskett Regional Park (softball fields)
Joiner Park (softball field)	Foskett Regional Park (soccer fields)
Joiner Park (upper soccer field)	Pete Singer Park / Lincoln Xing (baseball)
Joiner Park (lower soccer field)	Pete Singer Park / Lincoln Xing (soccer)
Community Center (gymnasium)	

### EVENT INFORMATION

Nature of Event / Title: \_\_\_\_\_

Date Facility Usage to Begin: \_\_\_\_\_ to End: \_\_\_\_\_  
**Season 1** (January – June) (month, day, year) (month, day, year)

Preferences	SUN	MON	TUE	WED	THU	FRI	SAT
Day							
Time							

\*\* Every attempt will be made to grant your request; however, field/court demand may require flexibility in days &/or times \*\*

Date Facility Usage to Begin: \_\_\_\_\_ to End: \_\_\_\_\_  
**Season 2** (July – December) (month, day, year) (month, day, year)

Preferences	SUN	MON	TUE	WED	THU	FRI	SAT
Day							
Time							

\*\* Every attempt will be made to grant your request; however, field/court demand may require flexibility in days &/or times \*\*

### INSURANCE SECTION

Renter shall procure and maintain public liability insurance against any loss or liability for damage which might result from or arising from its rental and use of the city's facilities either to persons or property of \$1,000,000.00 (one million dollars) combined with single limit. Such insurance shall name the city, its agents, officers and employees as additional insurers prior to the rental date(s) of the city's facilities. Certificates of such insurance shall be filed with the City of Lincoln and shall be endorsed to provide 30 day's notice to the City of Lincoln of cancellation or any change of coverage or limits.

\_\_\_\_\_  
Organization Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date